

Independent Aging Agenda Event Post-Event Summary Report

Name of Event: American Association for Active Lifestyles and Fitness Workshop “Getting on the Healthy Living Highway”

Date of Event: April 7th - 8th, 2005

Location of Event: West Lafayette, Indiana

Number of Persons Attending: 169

Sponsoring Organizations: American Association for Active Lifestyles and Fitness
Training and Encouraging Senior Activity (TESA)
Project

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Event Summary: The Training and Encouraging Senior Activity Workshop held at Purdue University was attended by 138 adults age 50 or older who were contemplating beginning a physical activity program and 31 senior service professionals. The goal of the workshop was to train and encourage the sedentary older adults to lead a healthier lifestyle and to provide information about physical activity and programming for the senior service professionals. The workshop focused on the following topics: heart healthy activities, muscle healthy activities (strength, flexibility, balance and mobility), nutrition for support of active lifestyles and goal setting to overcome barriers to physical activity.

Through practical application and the concepts taught in the TESA workshop, older adults were given the tools needed to immediately become physically active. Overall, our goal was to guide the older adults toward implementing successful interventions that helped them engage in sufficient levels of physical activity and promote long-term active healthy living.

To understand the dynamics of physical inactivity among older adults and create effective intervention programs that promote moderate intensity physical activity, the TESA Team of educators communicated with participants where they were in this process, then educated them to get them where they should be to fully garner the health benefits from physical activity. Despite improvements in participation of physical activity immediately following the workshop, progress must be sustained.

Priority Issue #1: Studies consistently show that exercise and physical activity levels decrease with age while incidence of disability rises. According to substantial research, a large portion of older adults are not engaging in sufficient levels of physical activity to promote and maintain their health. Approximately one-third of Americans over the age of 50 do not engage in physical activity at all and approximately 90% of older adults have at least one chronic health condition.

Barriers: Addressing the behavior of sedentary older adults requires an understanding of societal beliefs and personal attitudes toward physical activity. Some key issues that affect the older adults participation in physical activity include:

1. Lack of motivation and/or fear of injury from participation.
2. Lack of educated professional service providers to provide a supportive community or environment.
3. Lack of knowledge of benefits of physical activity.
4. Lack of long-term program sustainability for on-going participation of seniors.

Proposed Solutions: Whereas...

1. Physical inactivity has been identified as one of the leading causes of diminished strength, mobility and cardiovascular function resulting in premature sickness, dependence and disability in the older population.
2. Regular exercise can make a significant contribution to reducing levels of dependence and disability among older adults.
3. Inappropriate exercise programming and/or instruction could result in permanent disability and/or death (fall-fractures, joint injury, muscle tears, cardiovascular incident).
4. Currently, there is not a governing body with a nationally recognized certification/qualifications for instructor credentials and standardized guidelines for the design and implement of exercise programming to specifically educate

professionals on the special needs of the older adults fitness needs.

A multidisciplinary approach is crucial to overcoming exercise barriers in older adults. **Therefore, be it resolved by the 2005 White House Conference on Aging to:**

1. Look to the best evidence to guide intervention development.
2. Invest in comprehensive approaches such as public health education and behavioral modification programs.
3. Strengthen the physical activity component of the “Welcome to Medicare” Physical Exam Program.
4. Provide increase funding for disease prevention and intervention through wellness programs.
5. Provide Medicare coverage for preventive services such as health education, counseling and wellness services.
6. Establish nationally recognized credentials/requirements for senior service professionals working with older adults to ensure they provide accurate and authoritative information.

Priority Issue #2: As the older adult population continues to grow in the United States, it will be important to expand choices that encourage more physical activity and develop ways to link physical activities to daily activities of life.

Barriers: Traditional intervention to improve physical activity participation has had some short-term success, but has been minimally effective in achieving long-term participation due to:

1. Lack of funds to fully develop services that match intervention approaches to participants needs.
2. Insufficient translation of theoretical data from professionals into basic information that can be transferred and implemented through practical application by entry-level service providers.
3. Lack of on-going standardized training and developing for non-medical professionals to effectively guide older adults with chronic illness in physical activities appropriate for disease management.

Proposed Solutions: Whereas...

1. The frail elderly who reside in their own homes with reliance on home health care are at significant risk for loss of functional fitness and thus further loss of independence.

2. Regular exercise focusing on functional fitness can make a significant contribution to reducing the levels of dependence and disability within extended care facilities
3. Staffs of extended care facilities are not specifically trained to provide exercise programming aimed at preventing loss of functional fitness.

If older adults are to give up a sedentary lifestyle, they must have the means and opportunities to do so. Currently, there is little evidence on which interventions work in real life community settings. **Therefore, be it resolved by the 2005 White House**

Conference on Aging to:

1. Increase support for programs that promote a reduction in the risk of heart disease, which may translate into substantial savings in healthcare cost if more sedentary older adults become physical active based on the guidelines outlined in *Healthy People 2010* and *Physical Activity and Health: A Report of the Surgeon General*.
2. Develop and evaluate programs and intervention models that are appropriate and attractive to at-risk groups.
3. Increase support for development of culturally appropriate population based guidelines for physical activity.
4. Establish in-service training requirements for home health aids, certified nurse aids and other professional service providers working with home based seniors or those in extended care/assisted living facilities.